

**Episcopal Health Ministries**

**Diocesan Contact Application Form**

Today's Date: \_\_\_\_\_

Name: First Last: \_\_\_\_\_

Birthday: \_\_\_\_\_

(month/day)

Address: Street, City, State, Zip

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parish: \_\_\_\_\_

City : \_\_\_\_\_

Parish ministries you have done, or are currently doing:

Diocese: \_\_\_\_\_

Bishop: \_\_\_\_\_

Diocesan ministries you have done, or are currently doing:

\_\_\_\_\_

\_\_\_\_\_

Why do you feel called to this work?

\_\_\_\_\_

\_\_\_\_\_

1) I am applying for the position of EHM Diocesan Contact in the Diocese of \_\_\_\_\_

2) I have reviewed the EHM job description document. (Y,N)

3) I have requested my Bishop to recommend my appointment to this position, according to the approved policy in this diocese. (Y,N)

Signature

\_\_\_\_\_

(Send forms to your Regional Representative, as shown on website.)